U.S Department of Labor Office of Labc -Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result	It in criminal prosecution, fines, or civil penalties as provided by 29 U S.C 439 or 440				
For Official Use Only Signature READ THE INSTRUCTIONS CAREELII					
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT				
1 File Number U - 1993 4	2. Fiscal Year Covered From				
·	[/]/2004 Through [2]/31]/2004				
3 Name and address of person filing	4 Name file number and address of labor organization.				
Name DON L BRUCMMER	Name IBEW Local 257				
	Labor Organization File Number 052 904				
PO Box Bldg Room No if any	P O Box Building and Room Number if any				
Street [46/1 Bald Hill Rd	Street 209 FlorA Drive				
City Jefferson City	City Jedlerson City				
State Missouri ZIP Code + 4 65/0/	State Missouri ZIP Code + 4 65/0				
5 Position in labor organization Bursness Man	sage K				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).					
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.					
6 Name and address of Employer (including trade name if any)	7.a. Nature of Interest, Transaction or Income				
Name					
Trade Name, if any					
P O Box, Bldg Room No if any	7.b Amount				
Street	7.0 74.0442				
City					
State ZiP Code + 4					
Signature					
15. Signature and verification. The undersigned declares under penalty of Periury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)					
/) , ,					

Name of Person Filing Dow L. Bryemmer		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8 Name and address of Business (including trade name if any) Name Trade Name, if any PO Box, Bidg Room No if any Street City State ZIP Code + 4 10 If 9 b or 9 c. is checked give trust or employer's name Name Name IBEW Local 257 Trade Name if any PO Box, Bidg Room No if any Street ZIG FIORA ZIV Code + 4 City Street ZIP Code + 4 ZIP Code + 4 ZIP Code + 4 ZIP Code + 4	9 Busmess deals with a. Labor Organization b Trust c. Employer 11 a. Nature of such dealing AppRenticeship gladuation DINNER 11.b Approximate dollar value of such dealing 12.a Nature of interest held or income received				
	12.b Amount.				
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14.a Nature of payment.				
Name					
Trade Name if any					
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Street					
State ZIP Code + 4					
ZIF CAUGET 4	14 b Amount of payment.				
13.b Is the Business an Employer or Consultant ?	The second of payments				

Name of Person Filing Low L BRUTMMER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary variables and of which consists of buying from, selling or leasing to or other of an employer whose employees your labor organization represents or is actrically part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to or otherwise
8 Name and address of Business (including trade name if any) Name	9 Business deals with a. Labor Organization K b Trust c. Employer 11 a. Nature of such dealing Dinner Affect Frost Fund meeting 8-10-84
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City Far40	11 b Approximate dollar value of such dealing 263, 93 12.a. Nature of Interest held or income received
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City Fargo	12.a. Nature of interest held or income received 12.b Amount.
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Name of Person Filing Don L. BRUTMMER		File Number U-			
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8 Name and address of Business (including trade name, if any) Name McGRANN Shea Anderson Trade Name if any: PO Box, Bidg Room No if any Suite 2600 Street 800 Nicolet Mall City Minneapolis State Minnesota ZIP Code + 4 55402	9 Business deals with a Labor Organiza b Trust c. Employer	tion			
Name Dakola Western Health & Western Trade Name I any Po Box Bldg Room No if any 195/ Street 3410 13th Aux South City Fars 6 State Worth Dakola ZIP Code + 4 58121	11 a Nature of such deali PINNERS FUND ME 2-9-04 11 b. Approximate dollar value 12.a. Nature of interest hele	After trust etings 11-7-04 me of such dealing 489.98			
	12.b Amount.				
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13.b is the Business an Employer or Consultant ?	14 b Amount of payment.				

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10 tf 9 b or 9 c. is checked give trust or employer's name	11 a. Nature of such deal				
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